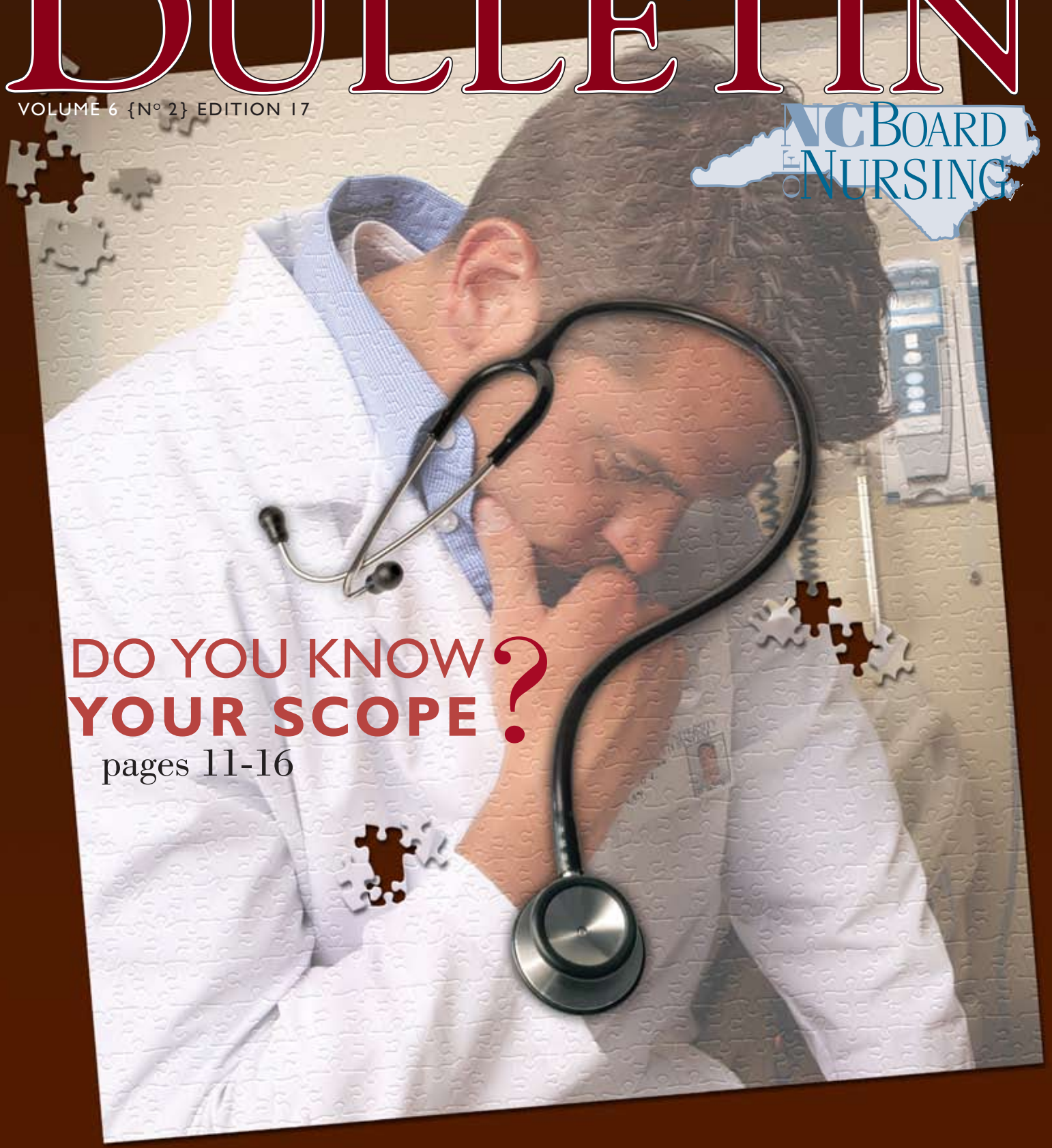
NURSING BULLETIN

VOLUME 6 {N° 2} EDITION 17

NC Board of Nursing



DO YOU KNOW YOUR SCOPE?

pages 11-16

WINTER 2010 BULLETIN
NC BOARD OF NURSING
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Mission Statement

The mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing.

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The North Carolina Board of Nursing is an equal opportunity employer.

NURSING BULLETIN
NC Board of Nursing

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from the Executive Director

2010 promises to be a busy year for nursing, and for the North Carolina Board of Nursing (NCBON)! As always the Board will evaluate the changing landscape of the healthcare environment keeping patient safety as the focal point of any regulatory changes.

The Education and Practice Committee of NCBON, in collaboration with external stakeholders, worked much of 2009 to clarify matters related to scope of practice of the Licensed Practical Nurse (LPN). We currently have more than 21,000 LPNs licensed in North Carolina, comprising a substantial and valuable part of the nursing workforce. To appropriately utilize the LPN as a partner in care delivery, it is essential that both the LPN and the Registered Nurse (RN) understand their respective scopes of practice. Refer to pages 11-16 for additional information.

I want to personally thank those of you who responded to our surveys for purposes of Strategic Planning. NCBON has made revisions to the Mission, Vision, Values and has formulated a Strategic Plan for 2010-2013. Some areas of focus for 2010 include:

- expanding Just Culture in education and practice settings,
- implementing Criminal Background Checks for reinstatement,
- deploying employer notification system to "push" licensure actions to employers,
- supporting innovations in education programs and transition to practice,
- convening an Advisory Committee for Advanced Practice Nursing, and
- developing a research agenda that can advance evidence-based regulation.

We also anticipate moving to our new office, located at 4516 Lake Boone Trail prior to the May 14 Board meeting. Refer to the website www.ncbon.com for the most current information related to office location and contact information.

Finally, I want to express condolences to those of you who may have suffered losses due to the earthquake in Haiti. Nurse volunteers have played an important role in recovery efforts and have answered calls for disaster aid. This overwhelming response by nurses reinforces that this profession continues to be comprised of caring individuals who are genuinely concerned for the welfare of others.

Julia L. George

Julia L. George, RN, MSN, FRE,
Executive Director

Letters to the Editor

Deadline Reminder

Nurses seeking funding for an advance degree should contact the College Foundation of North Carolina. The application deadline for nurses seeking an advanced degree is May 3, 2010.

Approximately 400 new awards for both undergarduate and graduate programs are expected to be made for the coming year, according to the North Carolina State Education Assistance Authority, a partner of the College Foundation of North Carolina.

Selection criteria and an application for graduate level programs are available at www.CFNC.org/MNSP. Scholarship recipients are selected by the North Carolina Nurse Scholars Commission.

BOARD OF NURSING SEEKS MEMBERS FOR APRN ADVISORY COMMITTEE

In September, 2009, the Board approved the profile for an Advanced Practice Registered Nurse (APRN) Advisory Committee. Consistent with its Strategic Plan for 2010-2013, the Board will establish the committee and identify the committee charge in 2010. The purpose of the committee is to assist and support the Board in issues related to APRN practice and regulation including consideration of the new Licensure, Accreditation, Certification, and Education (LACE) initiative for advanced practice nurses.

The Committee will be composed of up to 8 members including one education representative and one practice representative from each of the four advanced practice roles: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist and nurse practitioner. Committee members will be appointed for an initial term of 2 years with a possibility of reappointment for an additional 2 years. Three to four meetings per year in Raleigh lasting 2-4 hours each are anticipated. Travel expenses will be reimbursed by the Board. The Board will appoint committee members and define the committee charge in May 2010, and meetings will commence shortly thereafter.

Interested individuals should submit a letter of interest and current curriculum vitae to Eileen Kugler, Practice Manager, by April 15, 2010. Committee members must hold a current, unencumbered RN license in North Carolina and have at least 5 years of experience in their area of education or practice and APRN role.

As Board Chair I would like to recognize the hard work that the Education and Practice Committee members and the Ad Hoc members put into defining the role of the LPN. Many thanks for your great effort.

Sincerely, Pamela B. Edwards, Ed. D, MSN, RN-BC, CNE

2008 and 2009 Education & Practice Committee Members

- Pamela Edwards
- Janice Floyd
- Sara Griffith
- Joan Guilianelli
- Paul Rusk
- Beverly Davis
- Holly Rabinovich
- Alexis Welch
- Deborah Jenkins

2008 Education & Practice Committee Ad Hoc Members

- Billy Bevill
- Suzanne Bird
- Barbara Cochrane
- Kirsten Corazzini
- Barbara Ewing
- Polly Godwin Welsh
- Gwendolyn Hackney
- Janet Hamby
- Deborah Jenkins
- Erin Hinson
- Gwen Stewart
- Connie Mullinix (facilitator)

from the Board Chair

Ahhh…the New Year! It always seems to provide us with an opportunity to reflect on those things that are most important to us. You've more than likely made some type of resolution by now for 2010. Most of us do, and the NC Board of Nursing is no exception.

Our resolution goes back to the beginning of 2008. It has taken us until 2010 to see it to fruition, but we are very excited about the accomplishments that have been made! We are even more eager to share those accomplishments with you as it is YOU whom it affects!

In 2008, the Board resolved to guide ongoing evaluation of the current and anticipated scope of the LPN. This charge was delegated to the Education & Practice Committee who met with a larger group of community stakeholders and with statewide focus groups to accomplish this goal.

Then in 2009, the NCBON made a new resolution based on the feedback obtained. The new charge delegated to the Education & Practice Committee was to increase clarity of the nursing practice act, rules, and position statements related to the LPN scope of practice, and develop an NCBON plan and mechanisms for clearly disseminating the LPN scope of practice information to all licensed nurses and to employers.

The resulting clarification of scope, role and supporting documents will be the focus of a major dissemination effort in 2010. We want to reach practicing LPNs, RNs, employers of nurses, and Nurse Educators.

We plan to provide information in written format, through 'live" information sessions, via an online module and, of course, in The Bulletin. We would also like to hear from YOU. Do you have ideas about getting the word out across the state of North Carolina? If you do, send your thoughts to Paulette Hampton, Practice Coordinator, at paulette@ncbon.com.

Review the materials provided in this Bulletin issue and online at www.ncbon.com - Practice - Position Statements, attending an LPN Scope of Practice presentation, or calling the NCBON with LPN scope of practice-related questions.

Knowing the LPN scope of practice should be important to you in your nursing profession as it affects not only you, but the North Carolina public.

Here's to a great New Year!

Pamela B. Edwards, Ed.D, MSN, RN-BC,CNE,
Chair

New Elected Members Take Office

Beverly Essick, RN,MSN joins the Board for a second time. Essick was previously on the Board in 1989. She is currently the Associate Director of Compliance/Regulatory Services at Wake Forest University Baptist Medical Center in Winston-Salem. "My experience as a legal nurse consultant has provided me ample opportunities to recognize that healthcare professionals must be held responsible for their actions and for the safety of their patients," said Essick.

Robert W. Newsom, LPN has joined the Board for the first time. He is currently an LPN at Golden Living Center-Starmount in Greensboro, NC. Before becoming a nurse, Newsom worked for several law firms, governmental agencies and a multi-national corporation. "Nursing experience develops the virtue and ability of putting others first, and this is an important component in protecting public safety," noted Newsom.

HELPING HANDS. COMPETENT HANDS.

LINDA BURHANS, ASSOCIATE EXECUTIVE DIR. EDUCATION & PRACTICE
PAULETTE HAMPTON – PRACTICE COORDINATOR

In the extremely busy and fast-paced world of nursing, extra hands can be a welcomed addition. Because nursing law permits the delegation of tasks to unlicensed assistive personnel by the registered nurse (RN) and licensed practical nurse (LPN), some long-term care/skilled nursing facilities (LTC/SNF) are providing such help to their licensed nurses (RN and LPN) in the form of medication aides.

The North Carolina Board of Nursing (NCBON) recognizes that although extra help is usually eagerly sought, the assistants must be competent. Therefore, the NCBON developed a 24-hour medication aide training program for individuals wishing to function in the LTC/SNF settings as medication aides. (Please note: the medication aide completing this 24-hour program is different from the medication aide who functions in the adult care/assisted living setting.*)

Medication Aide Instructors and Master Teachers certified by the NCBON to teach this course provide didactic and clinical training to the medication aide. This training encompasses the following content:

- Scope of duties
- Legal/ethical responsibilities
- Medication administration
- Infection control
- Medication administration supplies
- Medication routes.

Although the course trains the medication aides on a number of medication administration activities, it does not instruct the medication aides on administrating IM and IV medications, subcutaneous injections (insulin, anticoagulants), or medications via G-tube*. These activities are not approved for the medication aide in the SNF/LTC to perform.

Once the medication aide passes the course exam, he/she must also pass a standardized exam offered by the Division of Health Service Regulation. Prior to functioning in the LTC/SNF setting, the medication aide must be listed on the NC Medication Aide Registry as well as on the Nurse Aide I Registry.

When the medication aide functions in these settings, the registered nurse (RN) has the overall responsibility and accountability for assessing the capabilities of the medication aide to include validation of the medication aide's qualifications, knowledge, and competence in skills in carrying out the technical role of medication administration. In addition, the RN is responsible for providing the medication aide with ongoing supervision, teaching, and evaluation as defined in Administrative Rule 21 NCAC

continued >>

36.0224 (i) and (j) "Components of Practice for the Registered Nurse."

The licensed practical nurse (LPN) is accountable for her/his decision to delegate medication administration to a qualified medication aide. The LPN oversees the performance of the medication aide, verifying that tasks have been performed as delegated to the medication aide and in accordance with the established standards of practice defined in 21 NCAC 36.0225 (d) "Components of Practice for the Licensed Practical Nurse."

All on-going assessment, interpretation and decision-making required relative to clients receiving medications must be carried out by the licensed nurse (RN or LPN). (please reference Medication Administration – Continuum of Care on last page of the NCBON position statement listed below*).

In order for the licensed nurse (RN or LPN) to delegate activities to a medication aide the following criteria listed in 21 NCAC 36.0221(b) must be met:

"Tasks may be delegated to an unlicensed person which:

(1) frequently recur in the daily care of a client or group of clients;
(2) are performed according to an established sequence of steps;
(3) involve little or no modification from one client-care situation to another;
(4) may be performed with a predictable outcome; and
(5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself."

For item (4) above, the "predictable outcome" expected is the application of the six (6) rights of medication administration: right medication, right patient, right dose, right time, right route, and right documentation. The licensed nurse may only delegate technical aspects of medication administration to the medication aide.

The licensed nurse may not delegate the professional judgment or decision-making responsibility to the medication aide which includes:

(1) recognizing side effects;
(2) recognizing toxic effects;
(3) recognizing allergic reactions;
(4) recognizing immediate desired effects;
(5) recognizing unusual and unexpected effects;
(6) recognizing changes in client's condition that contraindicates continued administration of the medication;
(7) anticipating those effects which may rapidly endanger a client's life or well-being; and making judgments and decisions concerning actions to take in the event such untoward effects occur." [21 NCAC 36 .0221(c)].

If you have questions about the medication aide for the LTC/SNF, please contact the NCBON at practice@ncbon.com.

*For more information on two types of medication aides and the activities they may and may not perform, please see the NCBON position statement entitled

"Medication Aide Education & Role in Long Term Care/Skilled Nursing Facilities vs Adult Care Setting" at www.ncbon.com – Practice – Position Statements.

BOARD OF NURSING CLARIFIES LPN SCOPE OF PRACTICE

JOYCE WINSTEAD, RN, MSN,
PRACTICE CONSULTANT

Are You Practicing Within Your Legal Scope of Practice?

Are you uncertain? Consider the following:

- Sophia, LPN is employed as a staff nurse at the local hospital and practices under the supervision of an RN. Sophia's job responsibilities include performing independent admission assessments on newly admitted patients and developing the nursing care plan.
- Kinesa, RN, the Director of Nursing at a long-term care facility promoted Mark, LPN to the position of nursing supervisor. Mark's job responsibilities include managing nursing staff and performing annual staff evaluations.
- The local dialysis clinic has employed Yvonne, LPN in the nursing staff development position for four years. Yvonne's job responsibilities include developing and presenting continuing education and in-services to the nursing staff.

What concerns do you identify in these scenarios?

If you identified the concern that all three LPNs are exceeding their scope of practice you are correct! If you also identified the concern that their RN managers/supervisors have inappropriately assigned these responsibilities, you are correct!

A North Carolina Board of Nursing (NCBON) Strategic Initiative prioritized the review of the LPN scope of practice. Exploration began with an LPN stakeholders meeting in March 2007. Based on issues identified by this group, the Education/Practice Committee and ad hoc LPN stakeholder members met throughout 2008 to examine the current and future LPN scope of practice. This group sought additional input by sponsoring focus groups across the state. It became evident that LPNs, RNs, and employers across the state were confused about LPN scope of practice. Areas needing clarification included:

continued on page 12 >>

performing assessments, developing and revising nursing care plans, supervisory role, validating competency of unlicensed assistive personnel (UAP), and staff development and provision of education programs. Throughout 2009, the Committee developed tools and strategies to provide guidance and clarification related to LPN scope of practice for nurses and employers.

Two new position statements were developed: one explains the Scope of Practice for the LPN and the other explains the Scope of Practice for the RN. These statements may be found at www.ncbon.com under the practice heading. In addition, quick reference guidance tools (RN and LPN Scope of Practice Components of Nursing Comparison Chart, Scope of Practice Decision Tree for the RN and LPN, and Decision Tree for Delegation to UAP) are located in the center pull-out section of this issue of the Bulletin and are available on the BON website. Be sure to review and use these statements and tools to guide your decision making in scope, assignments and delegation. As an added benefit, the NCBON Position Statements have been revised and reformatted to improve readability to facilitate use by nurses and employers. Also, an online module offering Continuing Education (CE) credit will soon be available to further aid in clarification of the LPN scope of practice.

CE CREDIT AVAILABLE

LPN SCOPE OF PRACTICE WORKSHOPS

To further assist nurses and employers in understanding LPN scope of practice, the BON is offering presentations and workshops (CE credit offered) at the regional, local, and employer group levels across the state. A BON practice consultant is available to provide educational presentations upon request from the agencies or organizations. To request a practice consultant or additional information regarding the presentations please visit the BON website at: www.ncbon.com and refer to the Events tab or contact Paulette at (919) 782-3211 extension 244 or email: paulette@ncbon.com.

We encourage each of you to expand your knowledge about the LPN scope of practice by using the quick reference guidance tools, web resources, online module, and LPN scope of practice presentations. By increasing understanding of the nursing scope of practice, all nurses and employers can ensure the delivery of safe, effective nursing care and enhance the utilization of all levels of nursing care providers.

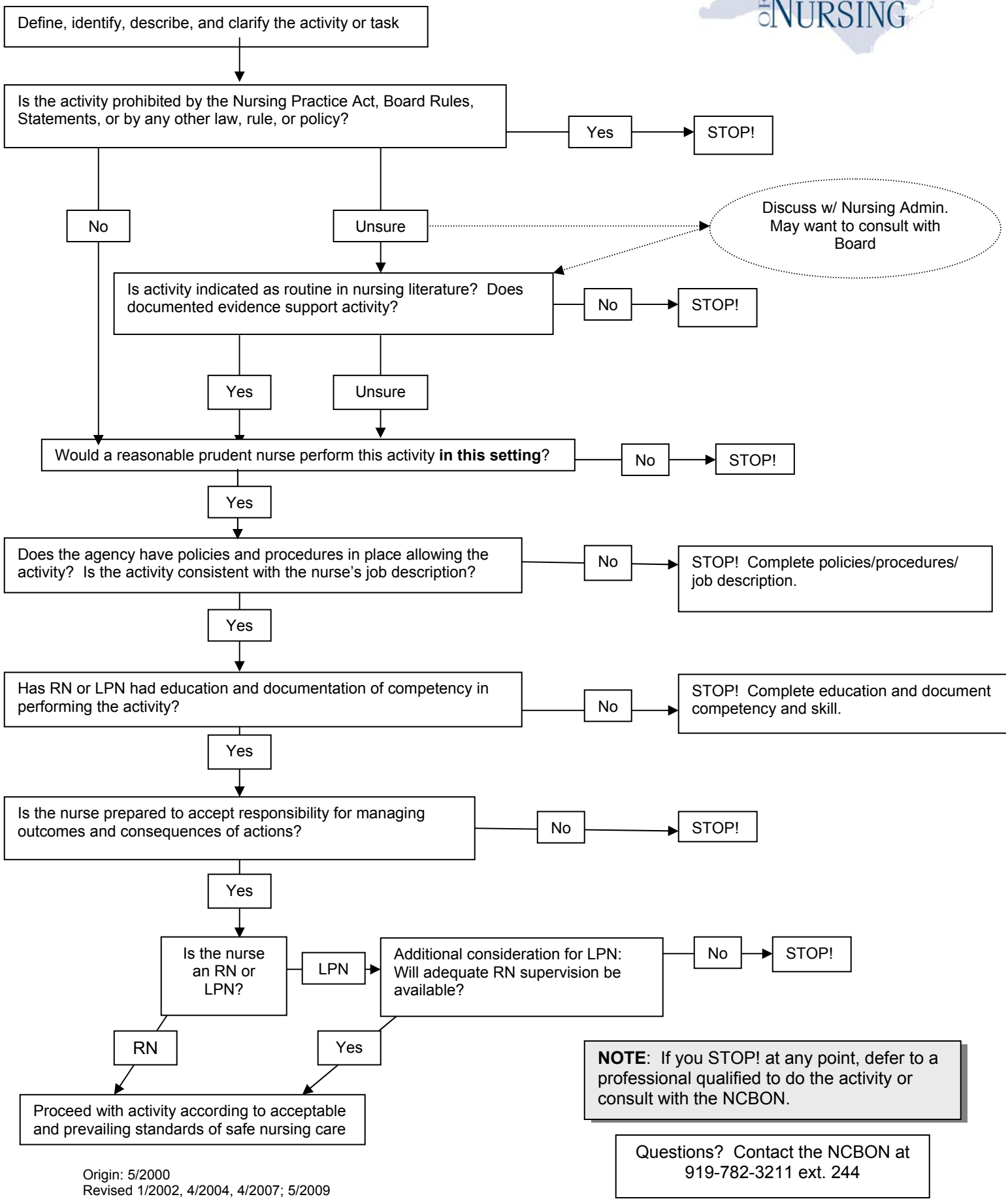
RN AND LPN SCOPE OF PRACTICE

COMPONENTS OF NURSING COMPARISON CHART

By law, the scopes of practice for the registered nurse (RN) and the license practical nurse (LPN) differ. The RN functions at an independent level while the LPN functions at a dependent level. This chart provides a snapshot comparison. For more information, please refer to the NCBON's RN Scope of Practice Position Statement and the LPN Scope of Practice Position Statement available on the North Carolina Board of Nursing's website (www.ncbon.com) under Practice – Position Statements.

Components of Nursing Practice	RN Scope of Practice *Independent role*	LPN Scope of Practice *Dependent role*
Accepting an Assignment	Accepts assignments based on variables in nursing practice setting	Accepts assignment dependent on availability of RN supervision and practice setting variables
Assessment	• Determines assessment • Collects, verifies, and interprets data in relation to health • Formulates nursing diagnoses	Participates in: • Collecting data • Recognizing relationship to diagnosis • Determining immediate need for intervention
Planning	• Identifies client's needs • Determines priorities of nursing diagnoses, nursing care goals, and interventions appropriate to client	Participates in identifying client's needs through suggestion of goals and interventions for review by RN
Implementation	• Implements plan of care including procuring resources • Assignment, delegation, and supervision of licensed and unlicensed personnel	Implements established plan of care with following limitations: • RN supervision required • Assignment to other LPNs and delegation to UAPs • Supervision by LPN limited to assuring that tasks have been completed according to agency policies and procedures
Evaluation	• Evaluates both effectiveness of nursing interventions and achievement of expected outcomes • Modifies plan of care	Participates in evaluation by identifying client's response to nursing intervention and suggesting to the RN revision to plan of care
Reporting and Recording	Reports and Records	Reports and Records
Collaborating	• Communicates and works cooperatively with individuals whose services may affect client's health care • Initiates, coordinates, plans, and implements nursing care of client within the multidisciplinary team	Participates in collaboration as assigned by the RN
Teaching and Counseling	• Responsible to teach and counsel clients, families and groups • Identifies learning needs • Develops and evaluates teaching plans	Participates in teaching and counseling of clients and families as assigned by the RN through the implementation of an established teaching plan or protocol
Managing Nursing Care	• Makes referrals to appropriate resources • Manages nursing care • Supervises, teaches, and evaluates nursing personnel	**Not within the LPN scope of practice** **NOTE: See limited supervisory role for LPN in the Implementation Section above.**
Administering Nursing Services	Administers nursing services	**Not within the LPN scope of practice**
Accepting Responsibility for Self	Accepts responsibility for self	Accepts responsibility for self

SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN



NOTE: If you STOP! at any point, defer to a professional qualified to do the activity or consult with the NCBON.

Questions? Contact the NCBON at 919-782-3211 ext. 244

Origin: 5/2000
Revised 1/2002, 4/2004, 4/2007; 5/2009

SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN

RN and LPN scopes of practice are defined by the Nursing Practice Act (Law) and the North Carolina Administrative Code (Rules). Because the roles and responsibilities of nurses are influenced by the healthcare system which is ever-changing and increasing in complexity, it is important that the nurse makes valid, reliable decisions regarding his/her own scope of practice. This tool is intended to provide direction in that decision making process. These questions offer additional guidance for the nurse's consideration.

I. Define the Activity/Task
   a. Describe, clarify the problem/need.
   b. Does it require a healthcare provider's order?
   c. Is the activity an independent RN action?
   d. Does the task require an RN or other practitioner's direction?
   e. What is the clinical environment in which the task will be completed?
   f. What will be needed to safely complete the activity?
   g. Who should be involved in the decision?

II. Legality
   a. Could the nurse perform the activity or task and meet the standards of safe nursing practice as defined by NC nursing laws and rules?
   b. Is the task prohibited by nursing law or rules, or precluded by any other law or rule (e.g., Pharmacy Practice Act, Medical Practice Act, Facility Rules, etc.?)
   c. Does the facility have a policy in place including the RN and/or LPN as appropriate to complete the activity?
   d. Is the activity consistent with pre-licensure, post basic or approved continuing education?
   e. Is there evidence to support that the activity is within acceptable and prevailing standards of safe nursing care (i.e., national nursing organization/association standards, nursing literature/research, agency accreditation standards, board position statement, and/or community standard)?

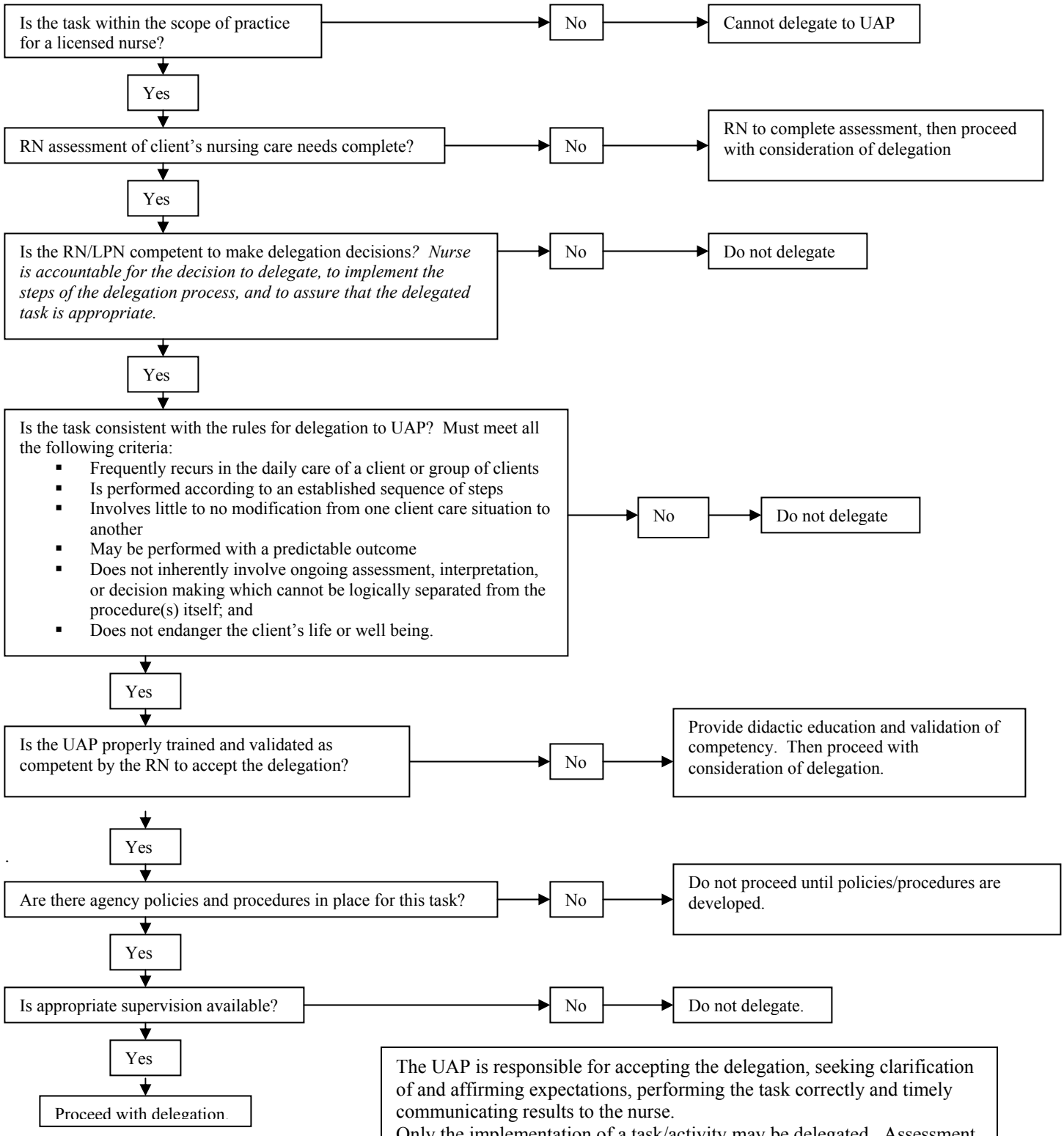
III. Competency
   a. Is there documentation the nurse has completed appropriate education to perform the activity?
   b. Is there documentation the nurse has demonstrated appropriate knowledge, skill and ability to complete the activity?

IV. Safety
   a. Is the activity safe and appropriate to perform with this patient/client at this time?
   b. Is the activity safe and appropriate to perform only in specific environment where necessary assistive equipment and personnel will be available in case of an unexpected response to assure patient safety and quality of care?
   c. What is the potential outcome for patient if you do or do not perform procedure?

V. Accountability
   a. Is the nurse willing to be accountable for the activity?
   b. Is the nurse prepared to accept the consequences of activity?
   c. Would a reasonable or prudent nurse complete the activity?

VI. Additional considerations for LPN
   a. Will adequate RN supervision be available?
   b. Does activity have potential to significantly change the medical status of patient/client, resulting in the need to provide assessment and care requiring a different level of professional licensure?

DECISION TREE FOR DELEGATION TO UAP



The UAP is responsible for accepting the delegation, seeking clarification of and affirming expectations, performing the task correctly and timely communicating results to the nurse.
Only the implementation of a task/activity may be delegated. Assessment, planning evaluation and nursing judgment cannot be delegated.

Origin: 5/2000
Revised 4/2007

NP Rule Changes

EFFECTIVE DECEMBER 1, 2009

Changes to the rules governing nurse practitioner practice in North Carolina became effective on December 1, 2009 ending a seven month process by the Joint Subcommittee, the NC Medical Board, the NC Board of Nursing and the NC Rules Review Commission. The process began in May 2009 when the Joint Subcommittee approved proposed rule changes affecting NP practice requirements.

The rule changes are based on recent streamlining of the initial NP approval process, a need to broaden the continuing education rule, inconsistencies in supervision requirements for NPs and PAs, and changes in nurse practitioner application and renewal processes which occurred last year.

WHAT THE CHANGES MEAN

The rule changes eliminate interim status for nurse practitioners and expand what will be accepted for continuing education. In addition, all co-signing of nurse practitioner charts by the primary supervising physician as well as weekly quality improvement meetings during the first month of an initial Collaborative Practice Agreement have been eliminated. This means that the requirements for QI meetings for any new Collaborative Practice Agreement, whether initial or subsequent, are the same--monthly for the first six months and at least every six months thereafter. Finally, changes regarding nurse practitioner notification of actions to the Boards were streamlined so that all notifications should now be made to the Board of Nursing with the Board of Nursing notifying the Medical Board.

Please visit www.ncbon.com to review the full text of the rule changes.

New NP Continuing Ed Policy Adopted

NP Rule 21 NCAC 36.0807 states that the nurse practitioner shall earn 50 contact hours of continuing education each year. At least 20 hours of the required 50 hours must be those hours for which approval has been granted by the American Nurses Credentialing Center (ANCC), Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies, or practice relevant courses in an institution of higher learning.

Nurse practitioners may choose to obtain formal continuing education credits from the above bodies for the full 50 hours, or they may choose to complete the following activities for all or any part of the 30 hours that do not have to meet the formal criteria.

1. Five (5) hours - Clinical Presentations – Designing, developing and conducting an educational presentation or presentations for health professionals totaling a minimum of 5 contact hours
2. Preceptor hours – with validation from educational program – up to 30 hours
3. Five (5) hours - author on a journal article or book chapter published during renewal year
4. Fifteen (15) hours - primary or secondary author of a book published during renewal year
5. Ten (10) hours – Completion of an Institutional Review Board (IRB) approved research project related to your certification specialty
6. Five (5) hours - Professional volunteer service during renewal year with an international, national, state or local health care related organization in which your NP or certification specialty expertise is required. Examples of accepted volunteer activities include board of directors, committees, editorial boards, review boards or task forces.

FAQs

Q Who is obligated to report violations of the Nursing Practice Act under the Board's Mandatory Reporting Law?

A G.S. 90-171.47 states, "any person" suspecting that a violation of the Nursing Practice Act has occurred must report the relevant facts to the Board for investigation. All LPNs and RNs as well as other citizens have an obligation to report suspected violations to the Board. Reporting suspected violations to the Division of Health Service Regulation does not constitute compliance with mandatory reporting statutes for the Board of Nursing; therefore, a separate report should be submitted to the Board in addition to other applicable agencies. For more information on filing a report to the Board, visit our website, www.ncbon.com and search under the Complaints/Consumer Protection header.

Q Can an LPN function in a managerial role?

A The answer depends on the nature of the managerial role. If the managerial role requires management of nursing care or services, it is not within the LPN's scope of practice. On the other hand, if the LPN is employed as a manager in a non-health care setting; the LPN may perform non-nursing managerial functions.

Q Can an LPN work as a camp nurse?

A Due to the degree of independence and autonomy required of a camp nurse, the level of practice is that of an RN. An LPN may work in this setting only under the direct supervision of an RN or another authorized provider.

Q What activities regarding IV therapy are within an LPN's scope of practice?

A Since this is such a broad question the Board of Nursing developed a table (Infusion Therapy – Access Procedures) outlining the approved infusion therapy and access activities that may be completed by an RN, LPN, and NA II. As mentioned in the statement, the agency must have documentation of a staff member's competency in an activity before it may be assigned or delegated. The agency must have policies and procedures stating each level of staff that is permitted to perform each specific activity. For consideration of any additional IV interventions, the nurse should use the Board's Scope of Practice Decision Tree tool. The Infusion Therapy – Access Procedures statement and the Decision Tree can be found on the Board's website www.ncbon.com, under the Position Statement section of the Practice heading

SUMMARY of ACTIVITIES

ADMINISTRATIVE MATTERS

• Approved 2010 – 2013 Strategic Plan and 2010 Strategic Plan Roadmap

Mission Statement: "The mission of the North Carolina Board of Nursing is to protect the public by regulating the practice of nursing".

Vision Statement: "The North Carolina Board of Nursing proactively advances public protection and regulatory excellence through:

1. leadership in addressing challenges in a dynamic healthcare environment; and,
2. innovation that drives continuous process improvement."

Values: "Setting the PACE for Regulatory Excellence

Professionalism
Accountability
Commitment
Equity/Fairness"

STRATEGIC INITIATIVES AND OBJECTIVES

Strategic Initiative #1: Advance excellence in nursing regulation by

a. supporting evidence-based decision making to improve outcomes

2010 Goals:

1. Participate in National Council State Boards of Nursing Institute for Regulatory Excellence (IRE)
2. Participate in NCSBN Commitment to Ongoing Regulatory Excellence (CORE) and Taxonomy of Error, Root Cause Analysis and Practice-responsibility (TERCAP)
3. Develop a regulatory research agenda

b. continuously evaluating regulatory processes to improve programs in relation to Mission, Vision and Values

2010 Goals:

1. Expand use of criminal background checks (CBC) to reinstatement
2. Explore opportunities for improvement through increased use of technology in key processes and communication
3. Establish APRN Advisory Committee to address Licensure, Accreditation, Certification and Education (LACE) initiative for Advanced Practice Nurses (APRN)

c. maintaining fiscal strength and soundness

2010 Goals:

1. Diversify assets to include real property adequate to support current and future needs
2. Assure revenue and expenditures compare favorably with budget
3. Maintain accuracy of financial reporting

Strategic Initiative #2: Enhance the Board's proactive leadership in public protection by

a. collaborating with external stakeholders to promote a learning culture that supports patient safety

2010 Goals:

1. Increase participation in Just Culture pilot program(s)
2. Increase collaboration with stakeholders to advance safe patient care
3. Participate in legislative study related to regulation of Professional Certified Midwives (CPM)

b. ensuring equitable and efficient processes

2010 Goals:

1. Enhance internal procedures for complaint review and resolution and disciplinary processes
2. Formal evaluation of programs, including outcomes and fiscal impact

c. supporting innovations in education/practice that promote a competent nursing workforce"

2010 Goals:

1. Review and discuss NCSBN Uniform Core Licensure Requirements (UCLR) committee recommendations
2. Begin development of comprehensive educational plan (internal and external)
3. Collaborate with Foundation for Nursing Excellence (FNE), NCSBN and others on transition to practice (TTP) projects
4. Support innovative education programs

INVESTIGATION AND MONITORING ACTIONS

Received reports and Granted Absolutions to 10 RNs, 2 LPNs.

Removed probation from the license of 14 RNs and 3 LPNs.

Accepted the Voluntary Surrender from 24 RNs and 5 LPNs.

Suspended the license of 9 RNs and 5 LPNs.

Reinstated the license of 9 RNs, 1 LPN.

Number of Participants in the Alternative Program for Chemical Dependency: 136 RNs and 14 LPNs (Total = 150)

Number of Participants in the Chemical Dependency Program (CDDP):

85 RNs, 7 LPNs (Total = 92)

Number of Participants in Illicit Drug and Alcohol/Intervention Program: 31 RNs, 6 LPNs.

(Total = 37)

EDUCATION MATTERS:

Summary of Actions related to Education Programs

Ratification of Full Approval Status

• Central Carolina Community College, Sanford – ADN

• Central Carolina Community College, Sanford – PNE

• Durham Technical Community College, Durham – ADN

• Durham Technical Community College, Durham – PNE

• NEWH Nursing Consortium, Rocky Mount – ADN

• NEWH Nursing Consortium, Rocky Mount – PNE

Ratification of Expansion in Enrollment in the following nursing education programs

• East Carolina University, Greenville – BSN – increase of 25 for a total enrollment of 525 beginning Fall 2009.

• Mayland Community College, Spruce Pine – ADN – increase of 10 for a total of 58 beginning January 2010.

• Presbyterian School of Nursing at Queens University of Charlotte, Charlotte – BSN – increase of 40 for a total enrollment of 220 beginning January 12, 2010.

• Presbyterian School of Nursing at Queens University of Charlotte,

continued >>

Charlotte – ADN – 5 extra students for Spring 2010 semester only.

Notification of Planned Decrease in approved total enrollment

- Presbyterian School of Nursing at Queens University of Charlotte, Charlotte – ADN – decrease of 50 for a total enrollment of 250 beginning September 28, 2009.

Assigned Initial Approval Status

- Methodist University, Fayetteville – BSN

Assigned Warning Status due to NCLEX Pass Rates

For 2007-2009, the national pass rate is 87% for RN and 87% for PN; 95% of this is 83% for RN and 83% for PN. The three year pass rate is a true calculation of the total number of 1st time of test passers during the three year period January 1, 2007 through December 31, 2009 divided by the total number of 1st time test takers.

Program	2007	2008	2009	3 Years
Davidson County Community College – PNE	0	0	78%	78%
Robeson Community College – ADN	80%	83%	67%	75%
South Piedmont Community College – ADN	0	95%	53%	75%
Wilkes Community College – ADN	87%	85%	64%	80%

The following programs did not meet the Standard for the calendar year 2008 and are already on Warning. Their 2009 pass rates are reflected. These programs are continued on Warning Status for a second year and a focused survey will be scheduled.

Program	2007	2008	2009	3 Years
Presbyterian School of Nursing at Queens University at Charlotte – ADN	78%	78%	83%	80%
Surry Community College – ADN	78%	73%	95%	81%

Return to Full Approval

Pass rates for 2007, 2008, and 2009 are reflected and meet the Standard.

Program	2007	2008	2009	3 Years
Pitt Community College – ADN	88%	77%	86%	83%
Rowan-Cabarrus – PN	80%	80%	100%	86%
Southeastern Community College – ADN	74%	100%	100%	88%

2009 PASS RATES MET OR EXCEEDED NATIONAL AVERAGE AND RETURNED TO FULL APPROVAL

Program	2007	2008	2009	3 Years
Brunswick Community College – ADN	58%	60%	94%	66%
James Sprunt Community College – ADN	85%	64%	94%	80%
UNC – Pembroke – BSN	68%	80%	88%	79%

2009 PASS RATES MET OR EXCEEDED NATIONAL AVERAGE AND CONTINUED ON FULL APPROVAL

Program	2007	2008	2009	3 Years
Caldwell Community College & Technical Institute – ADN	71%	88%	85%	81%
Foothills Nursing Consortium – ADN	71%	83%	100%	82%
Lenoir Community College – ADN	61%	97%	90%	81%
Rockingham Community College – ADN	64%	100%	87%	80%

CLOSED PROGRAM DATA

Program	2007	2008	2009	3 Years
Fayetteville State University – BSN CLOSED	64%	39%	88%	59%

PRACTICE MATTERS

Approved the following new position statements:

- o LPN Scope of Practice Clarification – Position Statement for LPN Practice
- o RN Scope of Practice – Clarification - Position Statement for RN Practice
- o Summary RN and LPN Scope of Practice Comparison Chart

Approved the following revised position statements:

- o Adult Care Settings
- o Competency Validation
- o Delegation and Assignment of Nursing Activities
- o Nurse in Charge Assignment to LPN
- o Office Practice - UAP Delegation
- o Staff Development
- o Conscious Sedation

Archived the following position statement:

- o Advisory Statements
- o Home Health

Editor's note: Visiting the Board's office in person? Please call ahead to confirm our location. Yes, we are on the move. Currently, we are scheduled to relocate to our new headquarters at 4516 Lake Boone Trail, Raleigh, during the latter part of April. Don't trust your GPS – call us at 919 782-3211.

NOMINATION FORM FOR 2010 ELECTION

Although we just completed a successful Board of Nursing election, we are already getting ready for the next election. In 2010, the Board will have three openings: one Nurse Educator from an ADN or Diploma Program, one Staff Nurse position and one LPN. This nomination form is for you to tear out and use. The form must be completed and postmarked on or before April 1, 2010. Read the nomination instructions and make sure the candidate(s) meet all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed petition signed by no fewer than 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership on it are as follows:

1. Hold a current unencumbered license to practice in North Carolina
2. Be a resident of North Carolina
3. Have a minimum of five years experience in nursing
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election, except for the RN at-large position.

Minimum ongoing-employment requirements for the RN member shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN at-large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You also may contact Chandra, Administrative Coordinator, at chandra@ncbon.com or (919) 782-3211, ext. 232. After careful review of the information packet, you must complete the nomination form and submit it to the Board office by April 1, 2010.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable
3. The certificate number of the nominee and each petitioner must be listed on the form. (The certificate number appears on the upper right-hand corner of the license.)
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be postmarked on or before April 1, 2010, for the nominee to be considered for candidacy. Petitions received before the April 1, 2010, deadline will be processed on receipt.
9. Elections will be held between July 1 and August 15, 2010. Those elected will begin their terms of office in January 2011.

Please complete and return nomination forms to 2010 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh NC 27602-2129.

Nomination of Candidate for Membership on the North Carolina Board of Nursing for 2010

We, the undersigned currently licensed nurses, do hereby petition for the name of _____, RN LPN (circle one), whose Certificated Number is _____, to be placed in nomination as a Member of the N.C. Board of Nursing in the category of (check one):

☐ Nurse Educator ☐ Staff Nurse ☐ LPN

Address of Nominee: _____

Telephone Number: (Home) _____ (Work) _____

E-mail Address: _____

PETITIONER - *(At least 10 petitioners per candidate required. Only RNs may petition for RN nominations and LPNs may petition LPN nominations.)*

TO BE POSTMARKED ON OR BEFORE APRIL 1, 2010

NAME	SIGNATURE	CERTIFICATE NUMBER

Please complete and return nomination forms to 2010 Board Election, North Carolina Board of Nursing, P.O. Box 2129, Raleigh, NC 27602-2129.

NURSE LICENSURE COMPACT {in a Nutshell}

This is third in a series of four articles designed to simplify the Nurse Licensure Compact. Future articles will address issues and questions that Licensure Staff respond to daily from licensees, nurse employers and citizens. If you have questions related to Nurse Licensure Compact that you would like addressed in future articles, please submit your question(s) directly to Teresa Whitt at TeresaW@ncbon.com.

In our first two articles we defined the Nurse Licensure Compact, how it relates to your practice, and what occurs if your primary state of residence changes. In this article, we identify what occurs if there are discipline issues.

Not all licenses issued by Compact states are multi-state. As seen in our previous articles, a single state license is issued if a nurse claims a non-compact state as his/her primary state of residence. Another reason a license may not be multi-state is due to unresolved disciplinary issues.

The NC Board of Nursing can take disciplinary action on a NC temporary license, a NC permanent license, or on the privilege to practice with another Compact state's license.

National Council of the State Boards of Nursing (NCSBN) has developed a coordinated licensure information system called Nursys. This system enables the sharing of licensure information. State boards report to Nursys, within ten (10) business days of occurrence, any board action on a nurse's license or privilege to practice. Each Compact state also reports any significant current investigative information yet to result in an action.

A nurse who is under a disciplinary order or agreement that limits practice or requires monitoring, or who has an agreement with an alternative program, may not work in another Compact state (remote state) without prior written authority of both states. All disciplinary orders or agreements that limit practice and/or require monitoring shall include the requirement that the nurse will agree to limit his/her practice to the home state during the pending of the disciplinary order or agreement.

When a nurse is under discipline or an alternative program agreement and wishes to practice in another compact state, there is a sequence of events that must occur in order to obtain authorization to work in a remote state. That licensee must:

1. Request permission from the primary state of residence to seek or retain employment in a remote state.
2. Upon receipt of written permission to seek or retain employment from the home state, the licensee shall
   a. Share a copy of the order or agreement with the prospective or existing employer.
   b. Arrange for the employer to send to the home state board written acknowledgement of:
      1. the available position
      2. the employer's understanding of the terms of the order or agreement and
      3. the employer's ability to provide a work environment that meets the terms of the order or agreement.
3. The home state shall review the employer information and determine if the position is consistent with the terms of the order or agreement.
4. If the home state grants permission to practice in a remote state, the home state shall provide the licensee with written authorization to request permission to practice in the remote state. The home state shall also provide a copy of the authorization and the order or agreement directly to the remote state.
5. The licensee shall then request permission from the remote state to practice in that state. The request shall include:
   a. A copy of the home state's written authorization;
   b. A copy of the licensee's order or agreement, and
   c. The name of the prospective or existing employer and a description of the position.
6. If the remote state grants permission, that board will send written authorization to the licensee and the home state.

IMPORTANT NOTICE NEW STATE JOINING THE NURSE LICENSURE COMPACT

The state of Missouri will be implementing the Nurse Licensure Compact agreement effective June 1, 2010. This will bring the total number of compact states to twenty-four. The compact states currently include: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

2010 NCBON 7TH ANNUAL NURSING EDUCATION SUMMIT

Webcast available April 15 - June 1
visit www.ncbon.com for details

The content of the summit will be two-fold: looking at Just Culture in Education and at facilitating the accommodation of students with disabilities into healthcare education to enhance culturally competent care.

David Marx will be presenting the use of the Just Culture Model in healthcare education. This model moves away from a culture of blame and shame and toward a culture of quality improvement with an emphasis on patient safety.

Presentations on facilitating disabled students in healthcare education will be presented from various perspectives including faculty, student, disabled nurse and a provider of disability services.

We are encouraging nursing program directors and faculty to invite their clinical practice partners, allied healthcare program faculty, and disability coordinators to participate. Registration information will be sent using CVENT email and will also be accessible on our website.

Did you know...

that Nurse Aide I (NAI) instructors are approved by education consultants who work for the Center for Aide Regulation and Education within the Division of Health Service Regulation? Approved instructors are employed by existing state-approved NAI programs. For more information, please go to www.ncnar.org.

NORTH CAROLINA BOARD OF NURSING CALENDAR

- **Board Meeting**
  - MAY 13-14
  - SEPTEMBER 16-17
- **Licensure Review Panels**
  - APRIL 8
  - MAY 20
- **Education/ Practice Committee**
  - APRIL 14
- **Administrative Hearings** - MAY 12 - JULY 23

NC Board of Nursing Workshop Registration Form 2009

ONLINE WORKSHOPS!

Continuing Competence Update (1.0CH)

Information sessions related to board requirements for demonstration of continuing competence.

No fee required for cont comp sessions.

Questions? Contact Paulette Hampton
919-782-3211, ext. 244 OR Paulette@ncbon.com

LEGAL SCOPE OF PRACTICE (2.3 CHs)

The purpose of this offering is to provide information and clarification regarding the legal scope of practice parameters for licensed nurses in North Carolina. $40.00 Fee.

Questions? Contact Pamela Trantham
919/782-3211 ext. 279 OR Pamela@ncbon.com

YOU DO NOT NEED TO COMPLETE/SUBMIT THIS FORM FOR THE ONLINE WORKSHOPS!

Go to www.ncbon.com
Select Events at top of homepage - Go to "Workshops and Conferences". Click on "Board Sponsored Workshops" - Click on the link - follow instructions.

Orientation Sessions for Administrators of Nursing Services *and* Mid-Level Nurse Managers (4.6 CHs)

(Raleigh-NCBON-10a-3:55p)

Information sessions regarding the functions of the Board of Nursing and how these functions impact the roles of the chief nurse administrator and mid-level nurse manager in all types of nursing service settings.
Registration fee of $40.00.

PLEASE CHECK THE APPROPRIATE WORKSHOP BELOW

☐ May 17, 2010 ☐ November 9, 2010

☐ September 14, 2010

Registration at least two weeks in advance of a scheduled session is required. No refunds will be made if cancelled within 10 days of the workshop, and last minute transfers to another date will be granted on a space available basis. For directions, please go to: http://www.ncbon.com-Contact-Directions.
(limit 20 people per session)

Questions? Contact Paulette Hampton
919-782-3211, ext. 244 OR Paulette@ncbon.com

Receiving Contact Hour Certificates: For all workshops listed on this registration form, contact hour certificates will be presented to participants who attend the selected workshop in its entirety.

NEW WORKSHOP! LPN SCOPE OF PRACTICE (1 contact hour) *PRACTICE CONSULTANT WILL PRESENT AT YOUR FACILITY!* The NCBON is offering workshops (1 contact hour) to assist RNs, LPNs, and employers of nurses in understanding the LPN scope of practice. The presentations will be offered at regional, local, and employer group levels. An NCBON practice consultant is available to provide educational presentations upon request from the agencies or organizations. For additional information or to request a practice consultant to speak at your facility, please visit the NCBON website at www.ncbon.com. Go to the Events tab, select "Workshops and Conferences" – "Board-sponsored Workshops." Scroll down until you see the Presentation Request Form. Complete the form and submit it per form instructions. The NCBON will contact you to arrange a presentation. There is NO FEE for this workshop.

Registration Payment/Information

PLEASE INDICATE THE FOLLOWING:
Title/Date of Workshop(s); _____

_____

_____

Registration fee: $40.00 per session per person for all workshops except for Continuing Competence Update.
NON REFUNDABLE (Unless Workshop Cancelled)
PLEASE PRINT ALL INFORMATION and MAIL TO: Administrative Secretary-Practice, NCBON, P.O. Box 2129 – Raleigh, NC 27602
General Information: NAME:_____ TITLE (ex: RN, LPN, etc.):_____
NAME OF PRACTICE IN WHICH YOU ARE EMPLOYED (ex: ABC Cancer Center):
_____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PH#: (____)_____ E-MAIL ADDRESS: _____

Please give complete address as you will be mailed/emailed a confirmation and/or directions.
Make checks payable to North Carolina Board of Nursing or pay by credit card. Registration fee covers course materials.
Credit Card Type: ____MasterCard ____Visa Expiration Date: Month: _____ Year: _____
Cardholder Name (as it appears on credit card): _____
CITY: _____ STATE: _____ ZIP: _____
Total Amount: $_____
Street /POB: _____
Cardholder Signature:
_____
(Credit card payment cannot be accepted via fax or phone.)
Credit Card Number: | | | | | | | | | | | | | | | | | CVV# (# on back of credit card) | | | |

The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NCBON CNE CONTACT HOUR ACTIVITY DISCLOSURE STATEMENT

The following disclosure applies to NCBON continuing nursing education activities listed to the left: Participants must attend the entire session(s) in order to be awarded CNE contact hours. Verification of participation will be noted by signature. No influential financial relationships have been disclosed by planners or presenters which would influence the planning of the activity. If any arise, an announcement will be made at the beginning of the session. No commercial support has influenced the planning of the educational objectives and content of the activity. Any commercial support will be used for events that are not CNE related. There is no endorsement of any product by NCNA or ANCC associated with the session(s). No session(s) relates to products governed by the Food and Drug Administration. If it did, appropriate and off-label use will be shared.

APPROVED PROVIDER

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North Carolina Foundation for NURSING SCHOLARSHIP OPPORTUNITIES

The North Carolina Foundation for Nursing was founded in 1988 to receive and administer funds for charitable, scientific and educational purposes related to nursing in North Carolina. Funding to support the Foundation and its activities comes from individual contributions, business donations, bequests, recognitions, and memorials.

The Foundation offers several scholarships each year to nurses and nursing students pursuing educational opportunities. Deadline to apply is June 1, 2010. All applications are available on our website at www.ncnurses.org by clicking on Foundation.

JUDY KNOX SCHOLARSHIP

In 2009, the North Carolina Foundation for Nursing received a request from the North Carolina Board of Nursing for a scholarship in the name of Judy Knox (deceased), a former member of the NCBON staff.

Judy was diagnosed with Stage 4 colon cancer in December 2007 and valiantly fought the disease until her death in March 2009. Her courage, as well as her devotion to NCBON colleagues and the recovering nurses who relied upon her, was an inspiration to all of the staff. She had a distinct and unique ability to role model self discipline, critical thinking, professional accountability, and empathy and respect for everyone she encountered.

Judy received her basic nursing education in a diploma program. She returned to school to complete her BSN and work toward her MSN as a working, single parent. This scholarship will be offered to diploma nursing grads pursuing additional education in the field of nursing.

MARY LEWIS WYCHE FELLOWSHIP

In 2003, the North Carolina General Assembly passed legislation to create a First in Nursing license plate with $15 of each license plate sold going to the NC Foundation for Nursing to fund the Mary Lewis Wyche Fellowships. Mary Lewis Wyche was the founder of the North Carolina Nurses Association in 1902 and was the nurse who spearheaded the creation of the first nursing practice act in the country which was passed on March 3, 1903.

The Fellowships will be awarded to registered nurses seeking their masters or doctorate in education, practice or administration on a full-time basis. These Fellowships are for $5,000 annually.

EUNICE M. SMITH SCHOLARSHIP

In 1995, the NC Foundation for Nursing, Inc. received a bequest from the estate of Kate Lerch in honor of her sister, Eunice M. Smith, to be used for scholarships and grants related to study in the field of nursing.

Scholarships are available to registered nurses who have chosen to further their professional career by pursuing education at the baccalaureate, master's or doctoral level on a part-time basis.

CAROL ANN BEERSTECHER SCHOLARSHIP

In 2008, the Carol Ann Beerstecher Nursing Scholarship Fund was created at Triangle Community Foundation as a tribute to Carol and to her dedication, passion, and commitment to nursing by the Beerstecher family. Their desire is that this fund will assist those individuals who may share Carol's passion for nursing, but who may not have the financial means to achieve those dreams.

Triangle Community Foundation has partnered with the North Carolina Foundation for Nursing to establish a scholarship program to support students who pursue pre-licensure nursing education on a full-time basis. The basic requirements of the scholarship were determined by TCF based on input from the contributor and her family.

**Deadline to apply for all scholarships is June 1, 2010. All applications are available on our website at www.ncnurses.org by clicking on Foundation.*